## PART B - FEE(S) TRANSMITTAL and end the form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 🏾 SEP 2 0 2004 (703) 746-4000 or Fax INSTRUCTIONS: This form should appropriate. A further correspondent indicated unless corrected bases or committee and the state of the be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where bence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee no CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 27476 06/17/2004 7590 Chiron Corporation Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. Intellectual Property - R440 P.O. Box 8097 Emeryville, CA 94662-8097 Michelle, L. Cough (Depositor's name) (Signature Septømber 2004 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/044,696 03/18/1998 GAIL BARCHFELD 1393,002 8826 TITLE OF INVENTION: DETOXIFIED MUTANTS OF BACTERIAL ADP-RIBOSYLATING TOXINS AS PARENTERAL ADJUVANTS APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 09/17/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS DEVI. SARVAMANGALA J N 424-236100 1645 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the <u> Dahna S. Pasternak</u> names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Rebecca M. Hale firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent Robert P. Blackburn Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Chiron Corporation Emeryville, California ☐ individual XX corporation or other private group entity ☐ government Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Check No. 8619 in the Issue Fee A check in the amount of the fee(s) is enclosed. amount of \$1345.00 Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ○3-1664 (enclose an extra copy of this form).

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